STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

STD. 262 (REV. 12/93)				Statement on Reverse Side				1	of .	1	Pages			
CLAIMANT'S NAME Sandra Perez				SSAN OR EMPLOYEE NUMBER* DEPARTMEN DEPARTMEN										
POSITION CB/ID NO. Director M01				DIVISION OR BUREAU INDEX Office of the Patient Advocate					INDEX NO	JMBER 6000				
RESIDENCE ADDRESS*										NE NUMBER 324-6407				
CITY STATE ZIP COL			Sacrament		to		STATE CA		ZIP CODE 95814					
(1) MONTH / YEAR (3) (4)			MEALS		(6)	(7) TRANSPORT		TATION		(8)	(9)			
March 2009 LOCATION				0.T., LT,	INCIDEN-	(A)	(B)		(D) Private Car Use		BUSINESS	TOTAL		
(2) Where Expenses DATE TIME Were Incurred	LODGING	Break- fast	Lunch	N/C, Relo. or Dinner	- TALS	Cost of Trans.	Type Used	Tolls, Parking	Miles	Amount	EXPENSE	EXPENSES FOR DAY		
6:30 am Sacramento San 30-Mar 8:55 am Diego							PC, A		15	8.78		\$8.78		
12:00 pm San Diego 3:45 pm Sacramento				-			A, PC	9.00	12	6.60		\$15.60		
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(10) SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00		9.00	27	15.38	0.00	\$24.38		
COLUMN CODE (ACCTG, USE ONLY)	<u> </u>			<u> </u>	ــــــــــــــــــــــــــــــــــــــ			.l <u>. </u>	<u></u>	<u> </u>				
CLAIM TOTAL											\$	24.38		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) (12) NOR											VORK HOURS			
3/30/2009 - PURPOSE: Attended Press Conference with DMHC Director Cindy Ennes on SB 853 in San Diego. (AilPort Parking: \$9.00/day) (13) PRIVA											- 1700 VATE VEHICLE LICENSE#			
4GNH18														
									-	(14) MILEAGE F 0.550	RATE CLAIMED)		
											ICY ACCOUNTING OFFICE			
(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.												USE ONLY REVOLVING FUND CHECK#		
CLAMANTS SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT										•	DATE			
>> 5 / 08 09 >> (17) SPECIAL EXPENSE AUTHORIZATION SIGNATURE AND TITLE 9 (See Hern 17 on reverse)											DATE			